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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number PHUS030413US

First Named Inventor Todd R. McNutt

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MANUAL TOOLS FOR MODEL BASED IMAGE SEGMENTATION

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

10/17/2003
12/18/2003

as United States Application Number or PCT International

Application Number 60/530,488 and was amended on (MM/DD/YYYY) (if applicable).
60/512,453

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

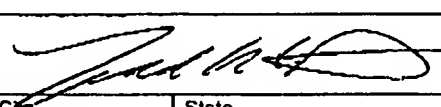
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number <input type="text"/> OR <input type="checkbox"/> Correspondence address below			
Name Thomas E. Kocovsky, Jr. - FAY, SHARPE, FAGAN, MINNICH & McKEE, LLP			
Address 1100 Superior Avenue, Seventh Floor			
City Cleveland		State OH	ZIP 44114-2579
Country US	Telephone 216/861-5582	Fax 216/241-1666	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Todd H.		Family Name or Surname McNUTT	
Inventor's Signature 		Date 12/17/03	
Residence: City VERONA	State WI	Country US	Citizenship US
Mailing Address 2643 STARDUST TRAIL			
City VERONA	State WI	ZIP 53593	Country US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Michael		Family Name or Surname KAUS	
Inventor's Signature		Date	
Residence: City HAMBURG	State	Country GERMANY	Citizenship DE
Mailing Address ROENTGENSTRASSE 24-26			
City HAMBURG	State	ZIP 22315	Country GERMANY
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the ONE supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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PTO/SB/01 (05-03)

Approved for use through 04/30/2003. OMB 0651-0032

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NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Todd R.		Family Name or Surname McNUTT	
Inventor's Signature			Date
Residence: City VERONA	State WI	Country US	Citizenship US
Mailing Address 2643 STARDUST TRAIL			
City VERONA	State WI	ZIP 53593	Country US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Michael		Family Name or Surname KAUS	
Inventor's Signature			Date
Residence: City HAMBURG	State	Country GERMANY	Citizenship DE
Mailing Address ROENTGENSTRASSE 24-26			
City HAMBURG	State	ZIP 22915	Country GERMANY
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the ONE supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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PTO/SB/02A (10-00)

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name: Vladimir		Family Name or Surname: PEKAR	
Inventor's Signature:		Date:	
Residence: City: HAMBURG	State:	Country: GERMANY	Citizenship: RU
Mailing Address: ROENTGENSTRASSE 24-26			
Mailing Address:			
City: HAMBURG	State:	ZIP: 22315	Country: GERMANY
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name:		Family Name or Surname:	
Inventor's Signature:		Date:	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	ZIP:	Country:
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name:		Family Name or Surname:	
Inventor's Signature:		Date:	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	ZIP:	Country:

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